

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

2/26/02

(FORM 1)

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 209-433-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Hologic Dickinson

Telephone: 803-494-5155

Address: 4280 Reona Ave
Sumter SC 29154

Fax: H.Dickinson@SC.PS.COM

Other:

Email: HDickinson@SC.PS.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: |

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SEP 16 2009

PSC SC
DOCKETING DEPT.

RECEIVED

SEP 16 2009

PSC SC
DOCKETING DEPT.

Tool

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTER

DATE 9-14, 2009

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

HOSIE DINKINS

2. (a) Street Address of Applicant 4286 Brown Ave

Sumter SC 29154

- (b) Mailing address, if different from street address P.O. Box 626

Bishopville SC 29010

RECEIVED

- (c) Telephone Number 803-494-5155 Fed ID #

SEP 18 2009
PSC SC
DOCKETING DEPT.

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

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5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: _____ Year: _____

Assets:	
Cash	
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	\$0.00
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	\$0.00
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	\$0.00
Capital Stock	
Retained Earnings	\$0.00
Total Equity	
Total Liabilities and Equity	

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, Hosie Dinkins, Driver
(Name of Applicant's Representative) (Title)

of _____, the Applicant for the Certificate of Public
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Richland County
This the 6th day of October 20 09
[Signature]
(Notary Public)

[Signature]
(Signature of Applicant's Representative)

Commission Expires: 5/11/2011



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Hosie Dinkins

For the transportation of passengers as follows:

Area to be served: South CarolinaNumber of passengers: 1Fares: \$25 per hourDate 9-14-09Hosie Dinkins

By

Driver

Title

Rev.10/03

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

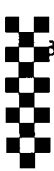
* Seats if passenger carrier.

Date: 9-1-09

Hosie Dinkins
(Applicant)

John J. Hannon
(Applicant's Representative)

Driver
(Title)

**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Hosie Dinkins

Name of Motor Carrier

4286 Reona Avenue Sumter, SC 29154

Address of Motor Carrier

Amount of Premium:**Limits Quoted: (See Below)**

Liability Insurance \$ 3065.00
Comp + Collision + 906.00 = \$3971.00

Limits

\$ 2500/50000/25000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers	\$ 25,000/50,000/25,000 ✓
8-15 Passengers	\$ 25,000/100,000/25,000

National Indemnity

Name of Insurance Company

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10/9/09

Date

Courne Muser

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

INSURANCE QUOTE

The following insurance quote is for:

Ford Taurus SES

(Name of Motor Carrier)

4286 Beona Ave Sumter SC 29154

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance

State farm

The above quoted premium is for a term of 3 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers

-

25,000/50,000/25,000

8 - 15 passengers

-

25,000/100,000/25,000

State farm

(Insurance Company Name)

Insurance Support Center
P.O. Box 582002 North Metro, GA 30020-8002

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

9-14-10

Date

(Authorized Insurance Company Representative)

Rev 5/07



State Farm Mutual Automobile Insurance Company

11350 Johns Creek Parkway
Duluth GA 30098

16033-5-F

MUTL VOL

DECLARATIONS PAGE

NAMED INSURED

AT2 000238 40-1435-5Q3F A

DINKINS, HOSIE
PO BOX 626
BISHOPVILLE SC 29010-0626

POLICY NUMBER 46 7917-D15-40D
POLICY PERIOD APR 15 2008 to OCT 15 2008

|||||

AGENT
MARGARET COPELAND
154 SOUTH MAIN STREET
BISHOPVILLE, SC 29010-1418

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
SEPARATE STATEMENT ENCLOSED IF AMOUNT DUE.

PHONE: (803)484-6359 or (803)484-6379

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID. NUMBER	CLASS
2001	FORD	TAURUS	4DR	1FAPF55U31A275636	6B30405000

SYMBOLS	COVERAGES	PREMIUMS
	See policy for coverage details.	2001 FORD
A	Bodily Injury/Property Damage Liability	\$163.34
	Limits of Liability-Coverage A-Bodily Injury	
	Each Person, Each Accident	
	\$25,000 \$50,000	
	Limits of Liability-Coverage A-Property Damage	
	Each Accident	
	\$25,000	
D500	\$500 Deductible Comprehensive	\$65.11
G500	\$500 Deductible Collision	\$97.09
H	Emergency Road Service	\$2.20
U	Uninsured Motor Vehicle	\$11.88
	Limits of Liability-U	
	Each Person, Each Accident	
	\$25,000 \$50,000	
	Limits of Liability-U-Property Damage	
	Each Accident	
	\$25,000	
W	Underinsured Motor Vehicle	\$28.22
	Limits of Liability-W	
	Each Person, Each Accident	
	\$25,000 \$50,000	
	Limits of Liability-W-Property Damage	
	Each Accident	
	\$25,000	

Total premium for this policy period APR 15 2008 to OCT 15 2008 \$367.84 This is not a bill.

IMPORTANT MESSAGES

Your policy consists of this declarations page, the policy booklet - form 9840.3, and any endorsements that apply, including those issued to you with any subsequent renewal notice.

Replaced policy number 0467917-40C.

EXCEPTIONS AND ENDORSEMENTS (See individual endorsement for details.)

FINANCED- REGIONAL FINANCE, 112 E CAROLINA AVE, HARTSVILLE SC 29550-4214.
6127YY AMENDATORY ENDORSEMENT.
6940.2 AMENDATORY ENDORSEMENT.
RESIDENCE-121 ACADEMY RD APT 9C, BISHOPVILLE SC 29010.

Agent: MARGARET COPELAND

Telephone: (803)484-6359

Prepared APR 17 2008 1435-858



STATE FARM INSURANCE COMPANIES

State Farm Mutual Automobile Insurance Company

11350 Johns Creek Parkway
Duluth GA 30098

5Q3F -1435 A

DINKINS, HOSIE
PO BOX 626
BISHOPVILLE SC 29010-0626

BALANCE DUE NOTICE

POLICY NUMBER	46 7917-D15-40D
Full payment by Date Due continues this policy to OCTOBER 15 2008 16033-5-F ECHO Pmt	
DATE DUE	PLEASE PAY THIS AMOUNT
JUN 04 2008	\$185.92

Year	Make	Model	Class
2001	FORD	TAURUS	6B30405000



This balance due amount is the result of a 50/50 payment. The full amount shown is due on date shown. A \$2 service charge has been deducted from the previous amount paid.

Full payment of the balance due will continue your policy until OCT 15 2008. Do not pay the amount shown on the declarations page of your policy.

Your current semiannual premium is \$367.84.

Thanks for letting us serve you...

Agent MARGARET COPELAND
Telephone (803)484-6359 or (803)484-6379

91 1079 4953

Please keep this part for your record.

Prepared APR 16 2008

MOVING? PLEASE SEE REVERSE SIDE



INSURED	DINKINS, HOSIE
POLICY NUMBER	46 7917-D15-40D

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM	
DATE DUE	PLEASE PAY THIS AMOUNT
JUN 04 2008	\$185.92

DISREGARD ANY PREVIOUS BILLING NOTICES YOU MAY HAVE RECEIVED ON THIS POLICY. Please contact your State Farm agent to make any policy changes.

2709807142
Insurance Support Center
P.O. Box 588002
North Metro, GA 30029-8002

138-5490 b 14 (01a0321h) (01a0322h) Rev 06-2005

FOR OFFICE USE ONLY 00132/03520	1435 - F858	MUTL VOL	AUTO BAL DUE	\$185.92	0714
5Q3F 16033-5-F PREM CANC 07-14-08	APP DATE 08-23-08 PREP DT 04-16-08				

209819600018592 440500046791781127>

State Farm Insurance Companies
RECEIPT OF PAYMENT

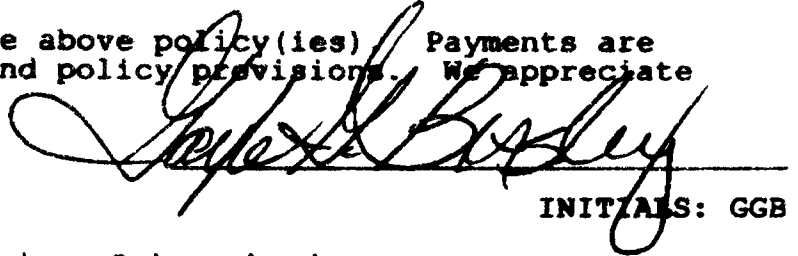
PAYMENT DATE: 09-02-2009
TOTAL AMOUNT PAID: \$ 147.69

HOSIE DINKINS
PO BOX 626
BISHOPVILLE, SC 29010-0626

COPELAND, MARGARET S
P O BOX 583
BISHOPVILLE, SC
29010-0432
(803) 484-6359

<u>POLICY DESCRIPTION / POLICY NUMBER</u>	<u>CHECK #/REF-#</u>	<u>AMOUNT</u>
97 FORD EXPEDITION S 105 6053-B27-40B	CASH	\$ 147.69

Thank you for your payment on the above policy(ies). Payments are received subject to collection and policy provisions. We appreciate your business.


INITIALS: GGB

Leave your family More Than Memories. Ask me how!

DINKINS, HOSIE
4286 REONA AVE
SUMTER SC 291541522

Class: D Hgt: 5-06 Wgt: 190
Sex: M DOB: 03-15-1946
Issued: 02-25-2005 43043 M 4

Hosie Dinkins
Restrictions: None Governor



South Carolina
HealthyConnections

HOSIE DINKINS
DOB 03/18/1946
Medicaid Member Number:



1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
HOSIE DINKINS
MEDICARE CLAIM NUMBER

SEX
MALE
EFFECTIVE DATE
06-01-1989
06-01-1989

SIGN
HERE →

4286 Reona Ave
Sumter SC 29154
(803) - 494 - 5155

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

DATE OF THIS NOTICE: 05-23-2000
NUMBER OF THIS NOTICE: CP 575 E
EMPLOYER IDENTIFICATION NUMBER:
FORM: SS-4
0716827578 0

FOR ASSISTANCE CALL US AT:
1-800-829-1040

EVERLASTING ROCK CHURCH
% NOSIE DINKINS
LYNCHES RIVER APT 9C
BISHOPVILLE SC 29010

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

Thank you for your cooperation.

1023/1024

Keep this part for your records.

CP 575 E (Rev. 1-19

Exhibit FWA

Hosie Pinkston

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No



EXHIBIT FWA

Name: Hosie Dinkins

Address: 4286 Keena Ave Sumter SC 29154

Telephone No. 803-494-5155 **Fax No.** _____

U.S.D.O.T. No. _____ **ICC No.** _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No ✓ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ✓

3. Are there currently any outstanding judgment (s) against Applicant?

Yes _____ No ✓
(If "yes", indicate nature of judgment(s).

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ✓ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ✓ No _____

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Hosie Dinkins
(Applicant's Signature)

Sworn to before me

At _____

This _____ day of _____, 20____

(Notary Public)

Commission Expires: _____

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF

SumterHosie Dickinson
Applicant's Signature

I, Hosie Dickinson H D owner
Name of Applicant's Representative Title
of HXD Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Hosie Dickinson
Signature of Applicant's Representative

SWORN TO BEFORE ME
This 15 day of October 2009

Nolan Sarsfield Jr.
Notary Public

Commission Expires MY COMMISSION EXPIRES 06-19-2016

